

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/972,756	FILING DATE
						APPLICANTS	
1 30 CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND.	DER.	IND.	DER.	IND.	DER.	
1	1		1		1		
2		1		1		1	
3	1		1		1		
4	1		1		1		
5	1		1		1		
6	1		1		1		
7	1		1		1		
8	1		1		1		
9		1	0	1		1	
10	1		1		1		
11	1		1		1		
12			1		1		
13		1		1			
14		1		1			
15			2		2		
16			2		2		
17			2		2		
18			2		3		
19			2		2		
20			2		2		
21							
22			2		2		
23			2		2		
24			2		2		
25			2		2		
26			2		2		
27			2		2		
28			2		2		
29			2		2		
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41							
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43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	4	8	4	8	5	8	
TOTAL DER.	3		36		36		
TOTAL CLAIMS	12	8	40	8	41	8	

14x2 = 28
8x1 = 8

MAYBE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS